

OFFICE OF THE STATE ENGINEER
COLORADO DIVISION OF WATER RESOURCES
818 Centennial Bldg., 1313 Sherman St., Denver, Colorado 80203
(303) 866-3581

1261

WELL PERMIT NUMBER 240007

DIV. 1 WD 23 DES. BASIN MD

APPLICANT

Lot: 17 Block: Filing: Subdiv: BLUE MOUNTAIN ESTATES

SAMUEL D & KIMBERLY A MCBRIDE
3527 BLUE MESA DR
DIVIDE, CO 80814-

(719) 686-9160

APPROVED WELL LOCATION

TELLER COUNTY
SW 1/4 NW 1/4 Section 10
Township 13 S Range 71 W Sixth P.M.

DISTANCES FROM SECTION LINES

2100 Ft. from North Section Line
940 Ft. from West Section Line

UTM COORDINATES

Northings: Eastings:

PERMIT TO CONSTRUCT A WELL

ISSUANCE OF THIS PERMIT DOES NOT CONFER A WATER RIGHT

CONDITIONS OF APPROVAL

- 1) This well shall be used in such a way as to cause no material injury to existing water rights. The issuance of this permit does not assure the applicant that no injury will occur to another vested water right or preclude another owner of a vested water right from seeking relief in a civil court action.
- 2) The construction of this well shall be in compliance with the Water Well Construction Rules 2 CCR 402-2, unless approval of a variance has been granted by the State Board of Examiners of Water Well Construction and Pump Installation Contractors in accordance with Rule 18.
- 3) Approved pursuant to CRS 37-92-602(3)(b)(II)(A) as the only well on a residential site of 2.00 acre(s) described as lot 17, Blue Mountain Estates Subdivision, Teller County.
- 4) The use of ground water from this well is limited to ordinary household purposes inside one single family dwelling. The ground water shall not be used for irrigation or other purposes.
- 5) The maximum pumping rate of this well shall not exceed 15 GPM.
- 6) The return flow from the use of this well must be through an individual waste water disposal system of the non-evaporative type where the water is returned to the same stream system in which the well is located.
- 7) This well shall be constructed not more than 200 feet from the location specified on this permit. *DB 4/9/02*


APPROVED
SKB

He D. Simpson
State Engineer

DATE ISSUED **APR 10 2002**

By *Steven Barrett*
EXPIRATION DATE **APR 10 2004**

Receipt No. 0489466

FORM NO. GWS-32 10/94	PUMP INSTALLATION AND TEST REPORT STATE OF COLORADO, OFFICE OF THE STATE ENGINEER	For Office Use Only <div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> RECEIVED AUG 13 2002 WATER RESOURCES STATE ENGINEER COLO. </div>																				
1. WELL PERMIT NUMBER <u>240007</u>																						
2. OWNER NAME(S) <u>SAMUEL D. & KIMBERLY A. MC BRIDE</u> Mailing Address <u>3527 BLUE MESA DRIVE</u> City, St. Zip <u>DIVIDE, CO 80814</u> Phone (<u>719</u>) <u>686-9160</u>																						
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4. PUMP DATA: Type <u>SUBMERSIBLE</u> Installation Completed <u>08/08/02</u> Pump Manufacturer <u>GRUNDFOS</u> Pump Model No. <u>7S10</u> Design GPM <u>7</u> at RPM _____, HP <u>1</u> , Volts <u>230</u> , Full Load Amps <u>9.8</u> Pump Intake Depth <u>378'</u> Feet, Drop/Column Pipe Size <u>1"</u> Inches, Kind <u>SCH 80 PVC</u> ADDITIONAL INFORMATION FOR PUMPS GREATER THAT 50 GPM: TURBINE DRIVER TYPE: <input type="checkbox"/> Electric <input type="checkbox"/> Engine <input type="checkbox"/> Other _____ Design Head _____ feet, Number of Stages _____, Shaft size _____ inches.																						
5. OTHER EQUIPMENT: Airline Installed <input type="checkbox"/> Yes <input type="checkbox"/> No, Orifice Depth ft. _____, Monitor Tube Installed <input type="checkbox"/> Yes <input type="checkbox"/> No, Depth ft. _____ Flow Meter Mfg. _____ Meter Serial No. _____ Meter Readout <input type="checkbox"/> Gallons, <input type="checkbox"/> Thousand Gallons, <input type="checkbox"/> Acre feet, <input type="checkbox"/> Beginning Reading _____																						
6. TEST DATA: <input type="checkbox"/> Check box if Test data is submitted on Supplemental Form. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">DRILL</th> <th style="text-align: center;">PROD. EQUIP. TEST</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">Date</td> <td style="text-align: center;">05/17/02</td> <td style="text-align: center;">08/08/02</td> </tr> <tr> <td>Total Well Depth</td> <td style="text-align: center;">400'</td> <td style="text-align: center;">Time 2 HOURS</td> <td style="text-align: center;">30 MIN.</td> </tr> <tr> <td>Static Level</td> <td style="text-align: center;">54'</td> <td style="text-align: center;">Rate (GPM) 3/4 GPM</td> <td style="text-align: center;">10 GPM</td> </tr> <tr> <td>Date Measured</td> <td style="text-align: center;">08/08/02</td> <td style="text-align: center;">Pumping Lvl. 400'</td> <td style="text-align: center;">378'</td> </tr> </tbody> </table>					DRILL	PROD. EQUIP. TEST		Date	05/17/02	08/08/02	Total Well Depth	400'	Time 2 HOURS	30 MIN.	Static Level	54'	Rate (GPM) 3/4 GPM	10 GPM	Date Measured	08/08/02	Pumping Lvl. 400'	378'
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7. DISINFECTION: Type <u>GRANULAR CHLORINE</u> Amt. Used <u>1 3/4 CUPS (100 PPM)</u>																						
8. Water Quality analysis available. <input type="checkbox"/> Yes <input type="checkbox"/> No																						
9. Remarks _____ _____ _____ _____ _____																						
10. I have read the statements made herein and know the contents thereof, and that they are true to my knowledge. [Pursuant to Section 24-4-104 (13)(a) C.R.S., the making of false statements herein constitutes perjury in the second degree and is punishable as a class 1 misdemeanor.]																						
CONTRACTOR <u>BLACK MOUNTAIN PUMP SERVICE, INC.</u> Phone (<u>719</u>) <u>687-7210</u> Lic. No. <u>1344</u> Mailing Address <u>815 CANDLE LAKE DRIVE, DIVIDE, CO 80814</u>																						
Name/Title (Please type or print) <u>MICKEY L. BATES, OWNER/OPERATOR</u>	Signature 	Date <u>08/10/02</u>																				

COLORADO DIVISION OF WATER RESOURCES
DEPARTMENT OF NATURAL RESOURCES
1313 SHERMAN ST., RM 818, DENVER, CO 80203
phone - info: (303) 866-3587 main: (303) 866-3581
fax: (303) 866-3589 http://www.water.state.co.us

Office Use Only

RECEIVED Form GWS-44 (1/2001)

MAR 25 2002

WATER RESOURCES
STATE ENGINEER
C.O.D.

RESIDENTIAL Note: Also use this form to apply for livestock watering

Water Well Permit Application

Review instructions on reverse side prior to completing form.
The form must be completed in black ink.

1. Applicant Information

Name of applicant

Samuel D. & Kimberly A. McBride

Mailing address

3527 Blue Mesa Drive

City

State

Zip code

Divide

CO

80814

Telephone #

(719) 686-9160

2. Type Of Application (check applicable boxes)

- ☒ Construct new well ☐ Use existing well
☐ Replace existing well ☐ Change or increase use
☐ Change source (aquifer) ☐ Reapplication (expired permit)
☐ Other:

3. Refer To (if applicable)

Well permit #

Water Court case #

Designated Basin Determination #

Well name or #

4. Location Of Proposed Well

County

Teller

SW

1/4 of the NW 1/4

Section

10

Township N or S

Range

71

E or W

Principal Meridian

6th

Distance of well from section lines (section lines are typically not property lines)

2100

Ft. from

N

S

940

Ft. from

E

W

For replacement wells only - distance and direction from old well to new well

feet

direction

Well location address (if applicable)

Optional: GPS well location information in UTM format

Required settings for GPS units are as follows:

Format must be UTM

Zone must be 13

Northing

Units must be Meters

Datum must be NAD27 (CONUS)

Easting

Unit must be set to true north

Were points averaged? ☐ YES ☐ NO

5. Parcel On Which Well Will Be Located

A. You must check and complete one of the following:

- ☒ Subdivision: Name Blue Mountain Estates
Lot 17 Block Filing/Unit
☐ County exemption (attach copy of county approval & survey):
Name/# Lot #
☐ Parcel less than 35 acres, not in a subdivision, attach a deed with
metes and bounds description recorded prior to June 1, 1972
☐ Mining claim (attach a copy of the deed or survey):
Name/#
☐ Square 40 acre parcel as described in Item 4
☐ Parcel of 35 or more acres (attach a metes and bounds description or survey)
☐ Other (attach metes & bounds description or survey and supporting documents)

B. # of acres in parcel

2

C. Are you the owner of this parcel?

☒ YES ☐ NO (if no - see instructions)

D. Will this be the only well on this parcel? ☒ YES ☐ NO (if no - list other wells)

E. State Parcel ID# (optional):

6. Use Of Well (check applicable boxes)

See instructions to determine use(s) for which you may qualify

- ☒ A. Ordinary household use in one single-family dwelling
(no outside use)
☐ B. Ordinary household use in 1 to 3 single-family dwellings:
Number of dwellings:
☐ Home garden/lawn irrigation, not to exceed one acre:
area irrigated sq. ft. ☐ acre
☐ Domestic animal watering - (non-commercial)
☐ C. Livestock watering (on farm/ranch/range/pasture)

7. Well Data (proposed)

Maximum pumping rate

15

gpm

Annual amount to be withdrawn

1

acre-feet

Total depth

unknown

feet

Aquifer

fractured granite

8. Water Supplier

Is this parcel within boundaries of a water service area? ☐ YES ☒ NO

If yes, provide name of supplier:

9. Type Of Sewage System

- ☒ Septic tank / absorption leach field
☐ Central system: District name:
☐ Vault: Location sewage to be hauled to:
☐ Other (attach copy of engineering design and report)

10. Proposed Well Driller License #(optional): 1261

11. Signature Of Applicant(s) Or Authorized Agent

The making of false statements herein constitutes perjury in the second degree, which is punishable as a class 1 misdemeanor pursuant to C.R.S. 24-4-104 (13)(a). I have read the statements herein, know the contents thereof, and state that they are true to my knowledge.

Sign here (Must be original signature)

Date

Print name & title

Samuel & Kimberly McBride, Owners

Office Use Only

USGS map name

DWR map no

Surface elev

Receipt area only

HNW (A-72)

Invoice # 489466
3/25/02 -- 12:02:44 PM
Cashier ID: 81
\$ 68.00

Check Purchase- #1178

WE

WR

CWCB

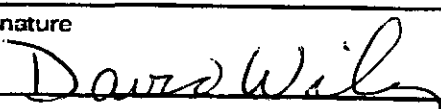
TOPO

MYLAR

SB5

DIV 1 WD 23 BA MD

0189466

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12. WELL TEST DATA: <input type="checkbox"/> Check box if Test Data is submitted on Form No. GWS 39 Supplemental Well Test. TESTING METHOD <u>Air lift</u> Static Level <u>90</u> ft. Date/Time measured <u>5/17/02</u> Production Rate <u>3/4</u> gpm. Pumping level <u>400</u> ft. Date/Time measured <u>5/17/02</u> Test length (hrs.) <u>2</u> Remarks _____																																																																																																						
13. I have read the statements made herein and know the contents thereof, and that they are true to my knowledge. [Pursuant to Section 24-4-104 (13)(a) C.R.S., the making of false statements herein constitutes perjury in the second degree and is punishable as a class 1 misdemeanor.] CONTRACTOR <u>Black Mountain Drilling</u> Phone (<u>719</u>) <u>687-5708</u> Lic. No. <u>1261</u> Mailing Address <u>P. O. Box 644, Divide, CO 80814</u>																																																																																																						
Name/Title (Please type or print) <u>David D. Wiley, Contractor</u>		Signature 		Date <u>5/28/02</u>																																																																																																		

COLORADO DIVISION OF WATER RESOURCES
DEPARTMENT OF NATURAL RESOURCES
1313 SHERMAN ST., RM. 818, DENVER CO 80203
Phone - info: (303) 866-3587 Main: (303) 866-3581

RECEIVED

JUN 26 2000

WATER RESOURCES
STATE ENGINEER

RESIDENTIAL *

(Note: You may also use this form to apply for livestock watering)

Water Well Permit Application

Review instructions prior to completing form

Must be completed in black ink or typed

1. APPLICANT INFORMATION				6. USE OF WELL (check appropriate entry or entries)			
Name of applicant Ricky Joe Black				See instructions to determine use(s) for which you may qualify --			
Mailing Address 14043 E. Bails Pl.				<input checked="" type="checkbox"/> A Ordinary household use in one single-family dwelling (NO outside use)			
City AURORA		State CO		Zip code 80012		<input type="checkbox"/> B Ordinary household use in 1 to 3 single-family dwellings:	
Telephone Number (include area code) 303-369-3545				Number of dwellings: _____			
				<input type="checkbox"/> Home garden/lawn irrigation, not to exceed 1 acre: area irrigated _____ <input type="checkbox"/> sq. ft. <input type="checkbox"/> acre			
				<input type="checkbox"/> Domestic animal watering -- (non-commercial)			
2. TYPE OF APPLICATION (check applicable box(es))				<input type="checkbox"/> C Livestock watering (on farm/ranch/range/pasture)			
<input checked="" type="checkbox"/> Construct new well				<input type="checkbox"/> Use existing well			
<input type="checkbox"/> Replace existing well				<input type="checkbox"/> Change / Increase Use			
<input type="checkbox"/> Change (source) aquifer				<input type="checkbox"/> Reapplication (expansion, etc.)			
<input type="checkbox"/> Other:							
3. REFER TO (# applicable):				7. WELL DATA			
Water court case #		Permit #		Maximum pumping rate 2003 gpm		Annual amount to be withdrawn 0 acre-feet	
Verbal # -VE-		Monitoring hole acknowledgment # MH-		Total depth 300 feet		Aquifer	
Well name or #				8. TYPE OF RESIDENTIAL SEWAGE SYSTEM			
				<input checked="" type="checkbox"/> Septic tank / absorption leach field			
				<input type="checkbox"/> Central system			
				District name: _____			
				<input type="checkbox"/> Vault			
				Location sewage to be hauled to: _____			
				<input type="checkbox"/> Other (attach copy of engineering design)			
4. LOCATION OF WELL				9. PROPOSED WELL DRILLER (optional)			
County Teller		Quarter/quarter SW 1/4		Quarter NW 1/4		Name	
Section 10		Township N or S 13 <input checked="" type="checkbox"/> N <input type="checkbox"/> S		Range E or W 71 <input checked="" type="checkbox"/> E <input type="checkbox"/> W		License number	
Principal Meridian Solar		Distance of well from section lines		R. from <input type="checkbox"/> N <input type="checkbox"/> S		R. from <input type="checkbox"/> E <input type="checkbox"/> W	
		Well location address, if different from applicant address (if applicable)		434 BLUE MT. DR. FLOUSSANT, CO.			
		For replacement wells only - distance and direction from old well to new well		feet		direction	
5. TRACT ON WHICH WELL WILL BE LOCATED				10. SIGNATURE of applicant(s) or authorized agent			
A. You must check one of the following - see instructions				The making of false statements herein constitutes perjury in the second degree, which is punishable as a class 1 misdemeanor pursuant to C.R.S. 24-4-104(13)(a). I have read the statements herein, know the contents thereof and state that they are true to my knowledge.			
<input checked="" type="checkbox"/> Subdivision: Name Blue Mt. Estates				Must be original signature Ricky Joe Black			
Lot no. 17 Block no. 0				Title Owner			
Filing Unit 0				Date 6-22-00			
<input type="checkbox"/> County exemption (attach copy of county approval & survey) Name/no. _____ Tract no. _____				OPTIONAL INFORMATION			
<input type="checkbox"/> Mining claim (attach copy of deed or survey) Name/no. _____				USGS map name _____ DWR map no. 63C Surface elev. _____			
<input type="checkbox"/> Other (attach legal description to application)				Office Use Only Div. 1 CO 23 WD 23 BA _____ MD _____			
B. STATE PARCEL				APU - 8-7-00			
ID# (optional): 37) 47.102-07-0050				USE _____ MD _____			
C. # acres in tract 2		D. Are you the owner of this property?					
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if no - see detailed inst.)					
E. Will this be the only well on this tract?							
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if other wells are on this tract - see detailed inst.)							

STATE OF COLORADO

OFFICE OF THE STATE ENGINEER
Division of Water Resources
Department of Natural Resources

1313 Sherman Street, Room 818
Denver, Colorado 80203
Phone: (303) 866-3581
FAX: (303) 866-3589

<http://water.state.co.us/default.htm>



Bill Owens
Governor

Greg E. Walcher
Executive Director

Hal D. Simpson, P.E.
State Engineer

August 7, 2000

Ricky Joe Black
14043 E. Bails Pl.
Aurora, CO 80012

RE: PERMIT APPLICATION RECEIPT #460658

Dear Applicant,

I am returning the enclosed well permit application to you for clarification and correction. The enclosed well permit application is being returned to you for the following reason(s). In order to properly complete the evaluation of your application, the following changes and/or clarification must be made. Please review the following items and amend them as necessary by dating and initialing any and all corrections with **black ink**:

- Please provide the distances from section lines in item # 4 where the proposed well will be located. These distances must be determined from section lines and **not** from lot lines.

Once your corrected application is resubmitted to this office, it will be merged into the applications currently being reviewed. This should expedite your application through the final stages of review. If you have any other questions, please contact me at (303) 866-3587. When inquiring on the status of your well permit application please reference this letter and the above receipt number.

Thank you,

Mark Trivisonno
Engineer Technician
Division of Water Resources



ORIGINAL PERMIT APPLICANT(S)

MCBRIDE SAMUEL D & KIMBERLY A

APPROVED WELL LOCATION

Water Division: 1 Water District: 23
Designated Basin: N/A
Management District: N/A
County: TELLER
Parcel Name: BLUE MOUNTAIN ESTATES
Lot: 17 Block: Filing:
Physical Address: 434 BLUE MOUNTAIN DR FLORISSANT,
CO 80816

SW 1/4 NW 1/4 Section 10 Township 13.0 S Range 71.0 W Sixth P.M.

UTM COORDINATES (Meters, Zone:13, NAD83)

Easting: 472084.9 Northing: 4309782.0

ISSUANCE OF THIS PERMIT DOES NOT CONFER A WATER RIGHT
CONDITIONS OF APPROVAL

- 1) This well shall be used in such a way as to cause no material injury to existing water rights. The issuance of this permit does not assure the applicant that no injury will occur to another vested water right or preclude another owner of a vested water right from seeking relief in a civil court action.
- 2) The construction of this well shall be in compliance with the Water Well Construction Rules 2 CCR 402-2, unless approval of a variance has been granted by the State Board of Examiners of Water Well Construction and Pump Installation Contractors in accordance with Rule 18.
- 3) Approved pursuant to CRS 37-92-602(3)(b)(II)(A) as the only well on a residential site of 2.00 acre(s) described as lot 17, Blue Mountain Estates Subdivision, Teller County.
- 4) The use of ground water from this well is limited to ordinary household purposes inside one single family dwelling. The ground water shall not be used for irrigation or other purposes.
- 5) The maximum pumping rate of this well shall not exceed 15 GPM.
- 6) The return flow from the use of this well must be through an individual waste water disposal system of the non-evaporative type where the water is returned to the same stream system in which the well is located.
- 7) This well shall be constructed not more than 200 feet from the location specified on this permit.

Date Issued: 4/10/2002

Expiration Date: 4/10/2004

Issued By

PERMIT HISTORY

06-26-2018 CHANGE IN OWNER NAME/MAILING ADDRESS. CHANGED TO CHERIE CALICO

Form No. GWS-11 11/2011	COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 Sherman St., Ste 821, Denver, CO 80203 Main: (303) 866-3581 Fax: (303) 866-2223 dwrpermitsonline@state.co.us	For Office Use Only <div style="font-size: 1.5em; font-weight: bold; color: blue;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; color: blue;">JUN 26 2018</div> <div style="font-size: 0.8em; font-weight: bold; color: blue;">WATER RESOURCES STATE ENGINEER COLO.</div>
CHANGE IN OWNER NAME/ADDRESS CORRECTION OF THE WELL LOCATION		
Review instructions on the reverse side prior to completing the form.		
Name, address and phone of person claiming ownership of the well permit Name(s): <u>Cherie Calico</u> Mailing Address: <u>434 Blue Mountain Drive</u> City, St. Zip: <u>Florissant, CO 80816</u> Phone: _____ E-mail Address: <u>cheriecalico@hotmail.com</u>		
This form is filed by the named individual/entity claiming that they are the owner of the well permit as referenced below. This filing is made pursuant to C.R.S. 37-90-143.		
WELL LOCATION: Well Permit Number: <u>240007</u> Receipt No.: _____ Case Number: _____ County <u>Teller</u> Well Name or # (optional) _____ <u>434 Blue Mountain Drive, Florissant, CO 80816</u> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> (Address) (City) (State) (Zip) </div>		
SW 1/4 of the NW 1/4, Sec. <u>10</u> , Twp. <u>13</u> <input type="checkbox"/> N. or <input checked="" type="checkbox"/> S., Range <u>71</u> <input type="checkbox"/> E. or <input checked="" type="checkbox"/> W., <u>Sixth</u> P.M.		
Distance from Section Lines: <u>2100</u> Ft. From <input checked="" type="checkbox"/> N. or <input type="checkbox"/> S., <u>940</u> Ft. From <input type="checkbox"/> E. or <input checked="" type="checkbox"/> W. Line. OR: GPS well location information in UTM format. You must check GPS unit for required settings as follows: Format must be UTM, <input type="checkbox"/> zone 12 or <input type="checkbox"/> zone 13; Units must be meters; Datum must be NAD83; Unit must be set to true north. Easting <u>472084.9</u> Northing <u>4309782.0</u>		
Subdivision Name <u>BLUE MTN EST</u> Lot _____, Block _____, Filing/Unit _____		
The above listed owner(s) say(s) that he, she (they) own the well described herein. The existing record is being amended for the following reasons: <input checked="" type="checkbox"/> Change in name of owner <input type="checkbox"/> Change in mailing address <input type="checkbox"/> Correction of location for exempt wells permitted prior to May 8, 1972 and non-exempt wells permitted before May 17, 1965. Please see the reverse side for further information regarding correction of the well location.		
I (we) claim and say that I (we) (am) (are) the owner(s) of the well permit described above, know the contents of the statements made herein, and state that they are true to my (our) knowledge.		
Sign or enter the name(s) of the new (owners) <u>Cherie Calico</u>	If signing print name & title Cherie Calico	Date (mm/dd/yyyy) June 15, 2018
It is the responsibility of the new owner of this well to complete and/or sign this form. If an agent is signing or entering information please see instructions.		
Please send confirmation of acceptance of change in owner name/address via: <input type="checkbox"/> Email address listed above <input type="checkbox"/> US Mail		
<div style="text-align: center; font-size: 0.8em; font-weight: bold; color: blue;">ACCEPTED AS A CHANGE IN OWNERSHIP AND/OR MAILING ADDRESS.</div> <div style="display: flex; justify-content: space-between; align-items: flex-end; padding-top: 20px;"> <div style="width: 30%;"> <u>Kevin D. Linn</u> State Engineer </div> <div style="width: 30%;"> <u>Justin Linn</u> By </div> <div style="width: 30%; text-align: right;"> <u>lot 17 Acres 2.00</u> <u>Parcel# 3747.10 2070050</u> <u>11/13/2018</u> Date </div> </div>		